

Registration District No. 750

Primary Registration District No. 5991

State File No. \_\_\_\_\_

Registrar's No. 1761

1. PLACE OF DEATH:

(a) County Risley  
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 mile East of Purman (If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 30 yrs years, months or days)

3. (a) PRINT FULL NAME SAMUEL DANIEL HAWKINS

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 5 years  
7. Birth date of deceased Dec (Month) 5 (Day) 1852 (Year)

8. AGE: Years 87 Months 6 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Queensborough (City, town, or county) 1 Ind (State or foreign country)

10. Usual occupation farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel & Hawkins  
13. Birthplace unk (City, town, or county) 1 Ind (State or foreign country)  
14. Maiden name Montgomery  
15. Birthplace unk (City, town, or county) 1 Ind (State or foreign country)

16. (a) Informant Geo. Hawkins  
(b) Address Danishman Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-41 (Month) (Day) (Year)

(c) Place: burial or cremation New Hope cems

18. (a) Signature of funeral director M. M. Smith  
(b) Address Naylor Mo.

19. (a) 7-3-1941 (Date received local registrar) (b) E. B. Robertson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Risley  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 1 mile East of Purman (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1941 hour 9 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1930 to June 19 1941; that I last saw him alive on May 20 1941; and that death occurred on the date and hour stated above.

Immediate cause of death chronic nephritis with cerebral changes Duration \_\_\_\_\_

Due to with hypertension

Due to 1310

Other conditions stroke (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence ✓  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Steuers (M. D. or other) MD  
Address Naylor Mo. Date signed 6/24/41

RECEIVED  
District Health Officer No. 5,  
District File Number 7411768  
Date Filed \_\_\_\_\_

1340  
82  
2/13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Bryan C. McCord*

Licensed Embalmer No. 4079

P. O. Address Naylor, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**